

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS109AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2010
NAME OF PROVIDER OR SUPPLIER CHERUBS RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2624 VALPARAISO STREET LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual survey conducted in your facility on 3/2/10 and a complaint investigation conducted on your facility from 2/1/10 to 3/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled and/or persons with mental illness, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged file was reviewed.</p> <p>The facility received a grade of "A".</p> <p>Complaint #NV00024361 was not substantiated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 621 SS=D	<p>449.2702(4)(b) Admission Policy</p> <p>NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.</p>	Y 621		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 621	Continued From page 1 This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. Based on observation, interview and record review on 3/2/10, the facility failed to ensure 1 of 5 residents were not restrained with the use of full side bed rails (Resident #5). Severity: 2 Scope: 1	Y 621		
Y 876 SS=D	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876		

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Y 876	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review on 3/2/10, the facility failed to comply with subsection 6 of NRS 449.037 as 1 of 5 residents medications required the caregivers to make a medical judgement before administering a medication (Resident #3's Clonidine is to be administered every 8 hours if the systolic blood pressure is above 160).</p> <p>Severity: 2 Scope: 1</p>	Y 876			

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